

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018347

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 62Primary Registration District No. 5239

Registrar's No. _____

STATE FILE NUMBER

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

Linn Twp.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 8 Miles S. Stockton

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cedar

c. CITY

OR
TOWN Stockton

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS 8 Miles South

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

LUCY

Middle

ELLEN

Last

WILSON

4. DATE

Month

Day

Year

OF

DEATH May 15, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

10-24-83

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Carrolton, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John H. Oovesert

13b. MOTHER'S MAIDEN NAME

Martha Bates

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marion Wilson, Stockton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Anterior wall Myocardial Infarction

DUE TO (b)

with coronary atherosclerosis

DUE TO (c)

Diabetes Mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

INJURY

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-28-62 to 5-15-62 and last saw her live on 5-7-62Death occurred at 11:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm B Riller MD.

22b. ADDRESS

Stockton, Mo.

22c. DATE SIGNED

5-16-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

5-18-1962

23c. NAME OF CEMETERY OR CREMATORY

Lindley Prairie Cem.

23d. LOCATION (City, town, or county)

Cedar County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cantlon Fun. Home, Stockton, Mo.

25. DATE RECD. BY LOCAL REG.

May 18 1962

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10200

2200

3

4 1

5 2

6

7 0

8 0

9260X

10

11

1290-0

132-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.